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Bib Data Sheet

CONFIRMATION NO. 7031

<b>SERIAL NUMBER</b> 10/706,166	<b>FILING OR 371(c) DATE</b> 11/12/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3734	<b>ATTORNEY DOCKET NO.</b> LFS-5001USA-CIP
<b>APPLICANTS</b> Lorin Olson, Scotts Valley, CA; Anne Thomson, Strathpeffer, UNITED KINGDOM; Damian Edward Haydon Baskeyfield, Inverness, UNITED KINGDOM; Christopher Philip Leach, Inverness, UNITED KINGDOM; Richard Michael Day, Cawdor, Naim, UNITED KINGDOM; Sebastian Bohm, Inverness, UNITED KINGDOM; <i>Kmd</i>				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/426,683 11/15/2002 <i>Kmd</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>Kmd</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/09/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Katharine Dorne Kmd</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 16	<b>TOTAL CLAIMS</b> 46
		<b>INDEPENDENT CLAIMS</b> 8		
<b>ADDRESS</b> 27777				
<b>TITLE</b> Cap for a dermal tissue lancing device				
<b>FILING FEE RECEIVED</b> 1798	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	